



(12) **United States Patent**
Mata et al.

(10) **Patent No.:** **US 12,186,025 B2**
(45) **Date of Patent:** **Jan. 7, 2025**

(54) **SURGICAL INSTRUMENT MOUNTED DISPLAY SYSTEM**

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(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 314 days.

(21) Appl. No.: **17/406,527**
(22) Filed: **Aug. 19, 2021**

(65) **Prior Publication Data**

US 2021/0378762 A1 Dec. 9, 2021

Related U.S. Application Data

(63) Continuation of application No. 15/710,938, filed on Sep. 21, 2017, now Pat. No. 11,166,766.

(51) **Int. Cl.**
A61B 34/20 (2016.01)
A61B 5/06 (2006.01)
(Continued)

(52) **U.S. Cl.**
CPC **A61B 34/20** (2016.02); **A61B 5/061** (2013.01); **A61B 6/12** (2013.01); **A61B 6/4441** (2013.01);
(Continued)

(58) **Field of Classification Search**
CPC **A61B 34/20**; **A61B 90/37**; **A61B 6/461**; **A61B 6/487**; **A61B 90/36**; **A61B 6/12**;
(Continued)

(56) **References Cited**

U.S. PATENT DOCUMENTS

5,031,203 A 7/1991 Trecha
5,478,343 A 12/1995 Ritter
(Continued)

FOREIGN PATENT DOCUMENTS

CN 102470014 A 5/2012
CN 105496504 A 4/2016
(Continued)

OTHER PUBLICATIONS

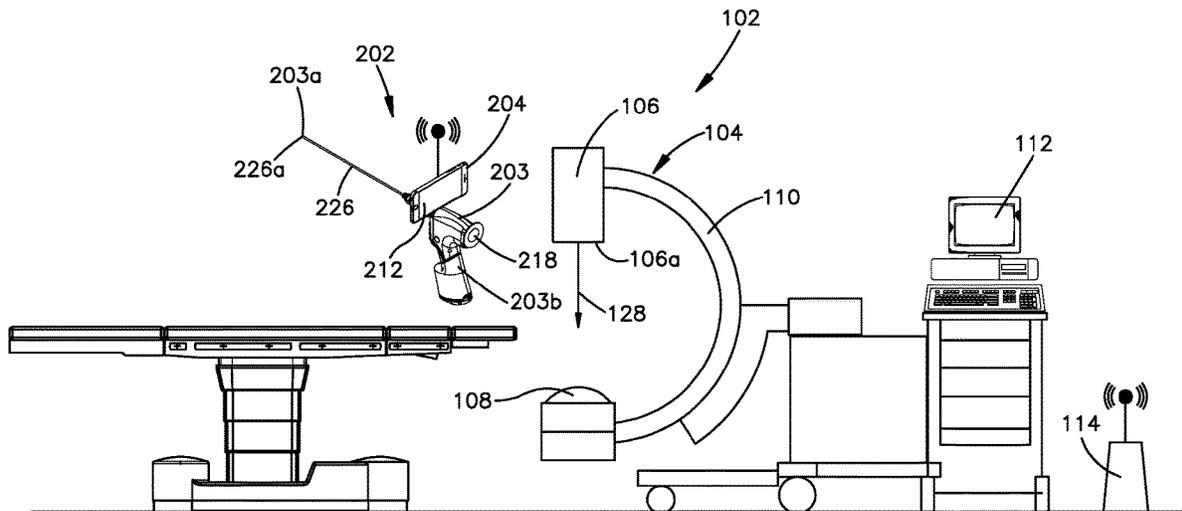
Smith & Nephew Trigen Sureshot Distal Targeting System V2.1 User Manual, pp. 1-40, 2011.

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(57) **ABSTRACT**

A C-arm, or a mobile intensifier device, is one example of a medical imaging device that is based on X-ray technology. Because a C-arm device can display high-resolution X-ray images in real time, a physician can monitor progress at any time during an operation, and thus can take appropriate actions based on the displayed images. Monitoring the images, however, is often challenging during certain procedures, for instance during procedures in which attention must be paid to the patient's anatomy as well as a medical imaging device display. In an example, a surgical instrument assembly includes a processor, a surgical instrument configured to operate on an anatomical structure, and a display coupled to the processor and attached to the surgical instrument. The display can be configured to display visual information comprising X-ray images generated by a medical imaging device.

20 Claims, 7 Drawing Sheets



- (51) **Int. Cl.**
- | | | | | | | |
|-------------------|-----------|--------------|-----|---------|-------------------|------------------------|
| <i>A61B 6/00</i> | (2024.01) | 2009/0216113 | A1 | 8/2009 | Meier et al. | |
| <i>A61B 6/12</i> | (2006.01) | 2010/0210939 | A1 | 8/2010 | Hartmann et al. | |
| <i>A61B 6/46</i> | (2024.01) | 2010/0312103 | A1 | 12/2010 | Gorek et al. | |
| <i>A61B 17/17</i> | (2006.01) | 2012/0089014 | A1 | 4/2012 | Sabczynski et al. | |
| <i>A61B 34/00</i> | (2016.01) | 2013/0060278 | A1 | 3/2013 | Bozung et al. | |
| <i>A61B 34/35</i> | (2016.01) | 2014/0107471 | A1 | 4/2014 | Haider et al. | |
| <i>A61B 90/00</i> | (2016.01) | 2014/0148808 | A1* | 5/2014 | Inkpen | A61B 90/06
73/866.5 |
| <i>G01B 7/00</i> | (2006.01) | | | | | |
- (52) **U.S. Cl.**
- CPC *A61B 6/461* (2013.01); *A61B 6/487* (2013.01); *A61B 34/35* (2016.02); *A61B 90/36* (2016.02); *A61B 90/37* (2016.02); *A61B 17/1703* (2013.01); *A61B 17/1725* (2013.01); *A61B 2034/2046* (2016.02); *A61B 2034/2048* (2016.02); *A61B 34/25* (2016.02); *A61B 2090/372* (2016.02); *A61B 2090/376* (2016.02); *G01B 7/003* (2013.01)
- (58) **Field of Classification Search**
- CPC A61B 5/061; A61B 34/35; A61B 6/4441; A61B 2034/2048; A61B 2090/372; A61B 17/1725; A61B 34/25; A61B 2090/376; A61B 17/1703; A61B 2034/2046; G01B 7/003
- See application file for complete search history.
- | | | | |
|--------------|-----|---------|-------------------------|
| 2009/0216113 | A1 | 8/2009 | Meier et al. |
| 2010/0210939 | A1 | 8/2010 | Hartmann et al. |
| 2010/0312103 | A1 | 12/2010 | Gorek et al. |
| 2012/0089014 | A1 | 4/2012 | Sabczynski et al. |
| 2013/0060278 | A1 | 3/2013 | Bozung et al. |
| 2014/0107471 | A1 | 4/2014 | Haider et al. |
| 2014/0148808 | A1* | 5/2014 | Inkpen |
| | | | A61B 90/06
73/866.5 |
| 2015/0182295 | A1 | 7/2015 | Bozung et al. |
| 2015/0271384 | A1 | 9/2015 | Chueng et al. |
| 2016/0030062 | A1 | 2/2016 | Rich |
| 2016/0151117 | A1 | 6/2016 | Gibbs et al. |
| 2016/0225192 | A1 | 8/2016 | Jones et al. |
| 2017/0071691 | A1 | 3/2017 | Crawford et al. |
| 2017/0281139 | A1 | 10/2017 | Barbagli et al. |
| 2017/0323443 | A1 | 11/2017 | Dhruwadas |
| 2018/0014890 | A1 | 1/2018 | Stanton et al. |
| 2018/0042619 | A1 | 2/2018 | Frey et al. |
| 2018/0132941 | A1 | 5/2018 | Haider et al. |
| 2023/0165482 | A1* | 6/2023 | Mahfouz |
| | | | A61B 5/1114
703/2 |
| 2023/0218348 | A1* | 7/2023 | Greenwood |
| | | | A61B 17/1725
600/424 |
| 2024/0245412 | A1* | 7/2024 | Dumpe |
| | | | A61B 34/20 |

FOREIGN PATENT DOCUMENTS

(56) **References Cited**

U.S. PATENT DOCUMENTS

7,060,075	B2	6/2006	Govari et al.
8,332,012	B2	12/2012	Kienzle, III
8,442,621	B2	5/2013	Gorek et al.
8,623,023	B2	1/2014	Ritchey et al.
9,554,812	B2	1/2017	Inkpen et al.
11,406,472	B2	8/2022	Mata
2001/0034480	A1	10/2001	Rasche et al.
2004/0152972	A1	8/2004	Hunter
2005/0020909	A1	1/2005	Moctezuma et al.
2005/0085720	A1	4/2005	Jascob et al.
2005/0267353	A1	12/2005	Marquart et al.
2007/0073136	A1	3/2007	Metzger
2007/0274584	A1	11/2007	Leow et al.
2008/0077158	A1	3/2008	Haider et al.
2008/0214960	A1	9/2008	Hodgson et al.

CN	106794011	A	5/2017
CN	107951536	A	4/2018
EP	1571581	A1	9/2005
EP	3009096	A1	4/2016
EP	3028661	A2	6/2016
JP	05-184592	A	7/1993
JP	2014-512876	A	5/2014
JP	2015-502180	A	1/2015
WO	01/87136	A2	11/2001
WO	03/43485		5/2003
WO	2006/133573	A1	12/2006
WO	2009/055034	A1	4/2009
WO	2010/129141	A2	11/2010
WO	2012/109760	A1	8/2012
WO	2013/033566	A1	3/2013
WO	2013/173138	A1	11/2013
WO	2015/034562	A1	3/2015
WO	2015/072924	A1	5/2015
WO	2016/199152	A1	12/2016
WO	2017/062466	A2	4/2017
WO	2017/083992	A1	5/2017

* cited by examiner

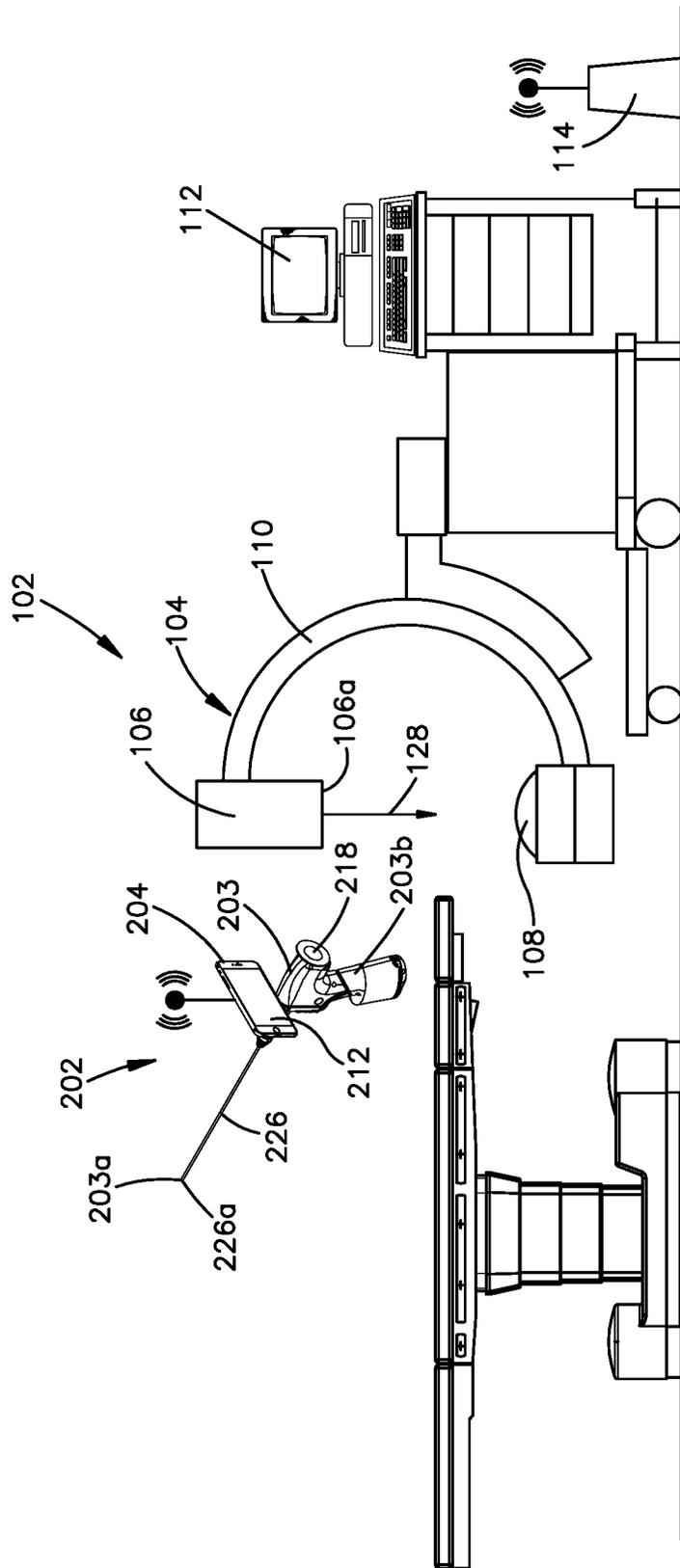


Fig.1

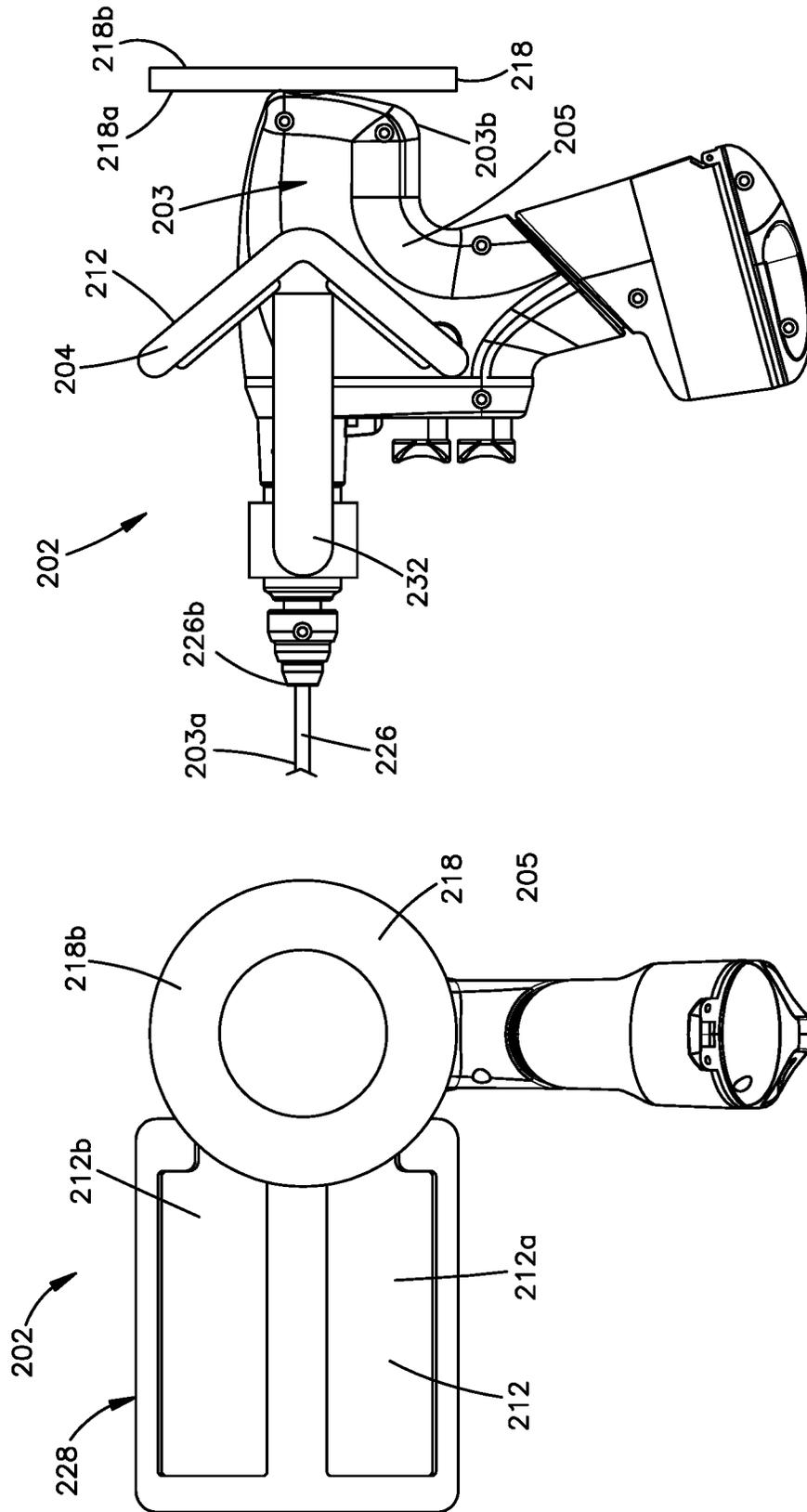


Fig.2D

Fig.2C

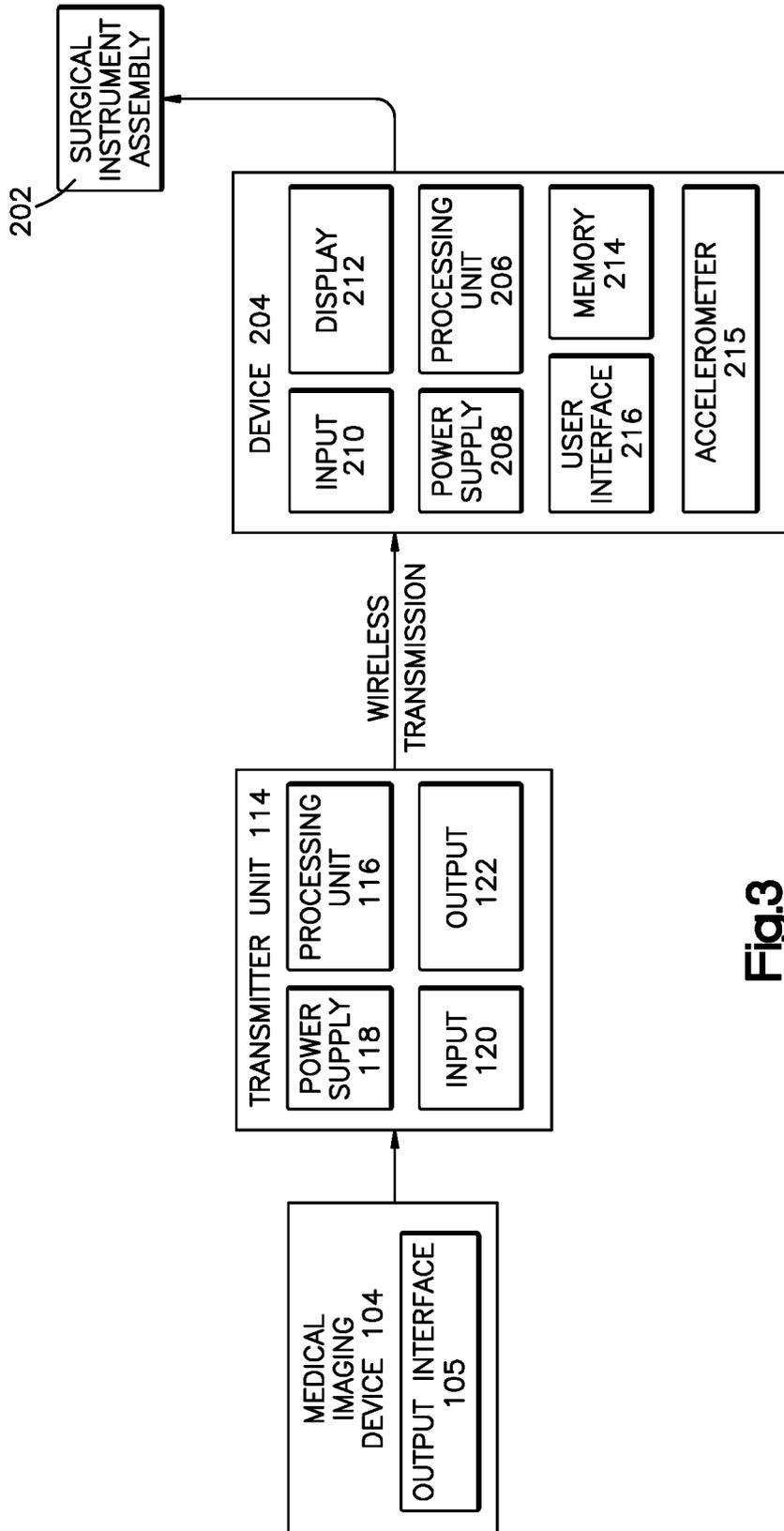


Fig.3

Fig.4A

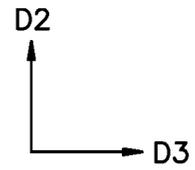
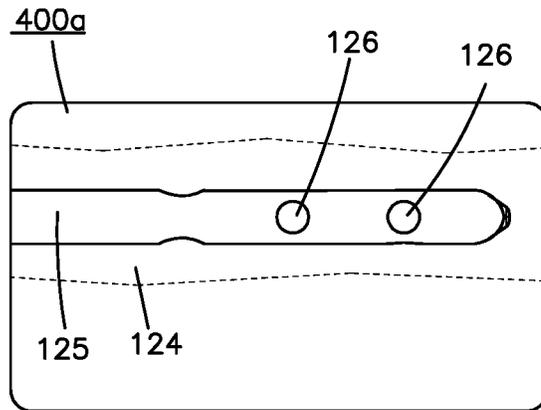


Fig.4B

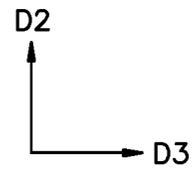
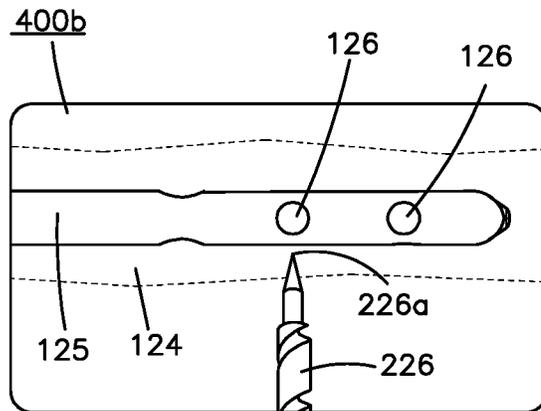
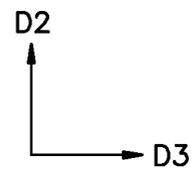
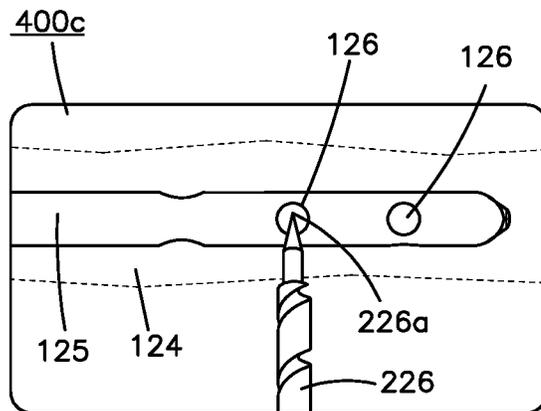
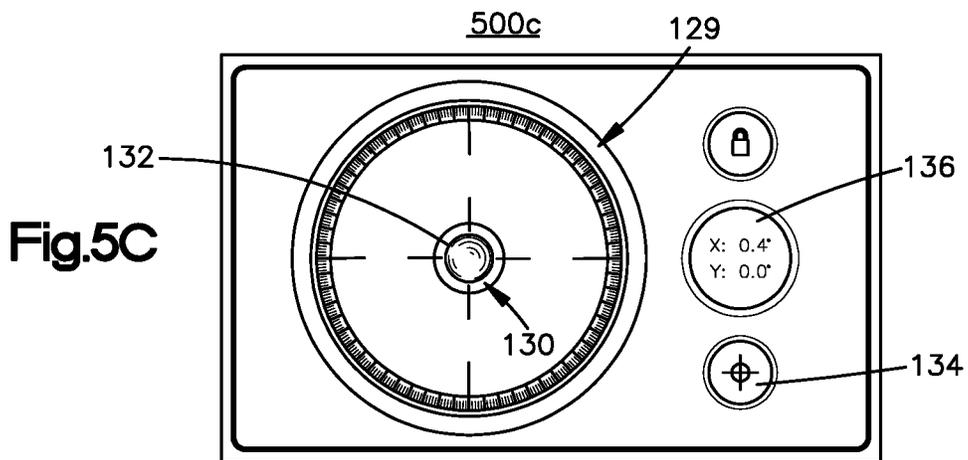
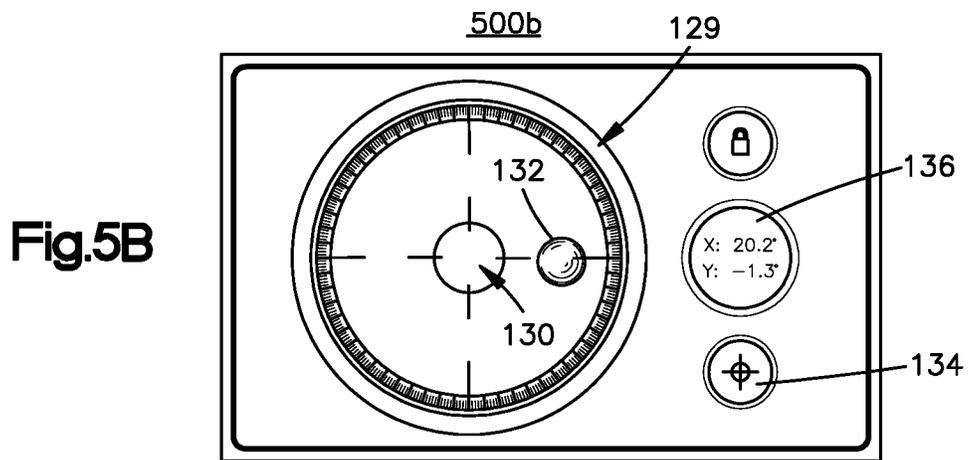
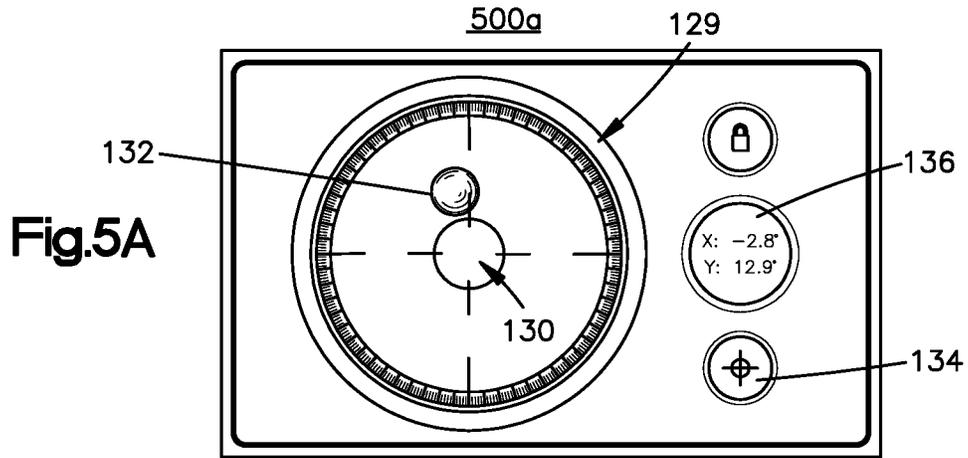


Fig.4C





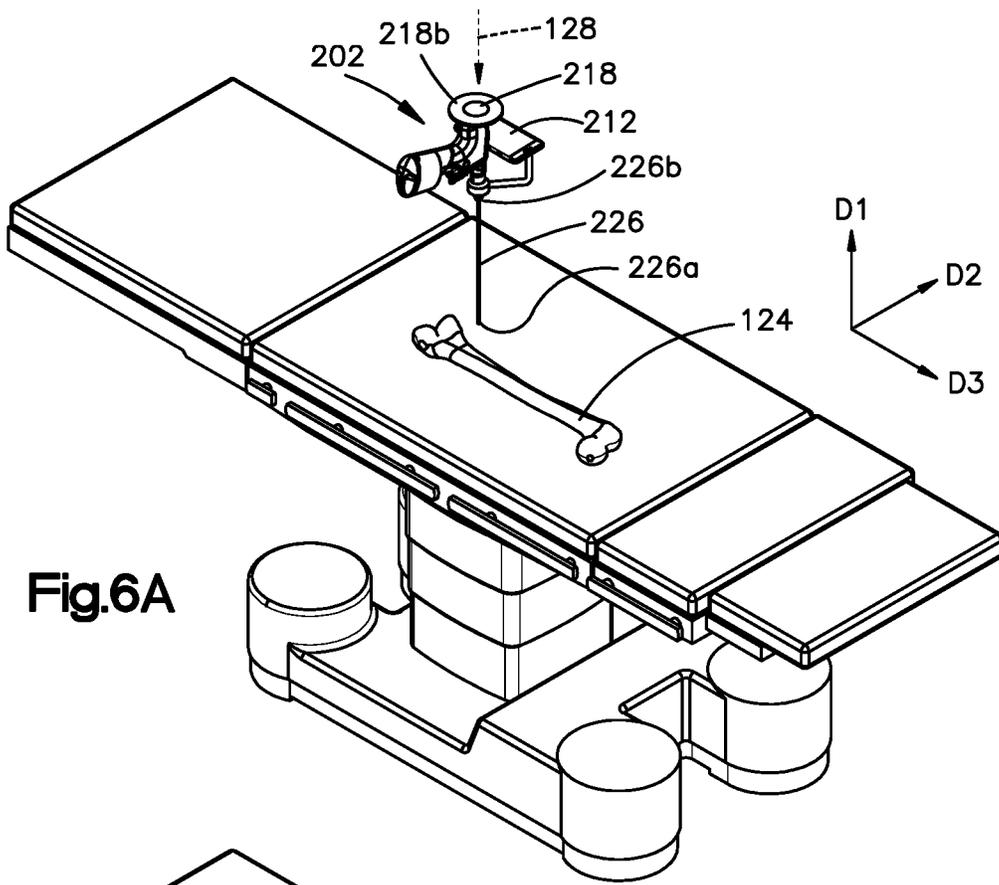


Fig.6A

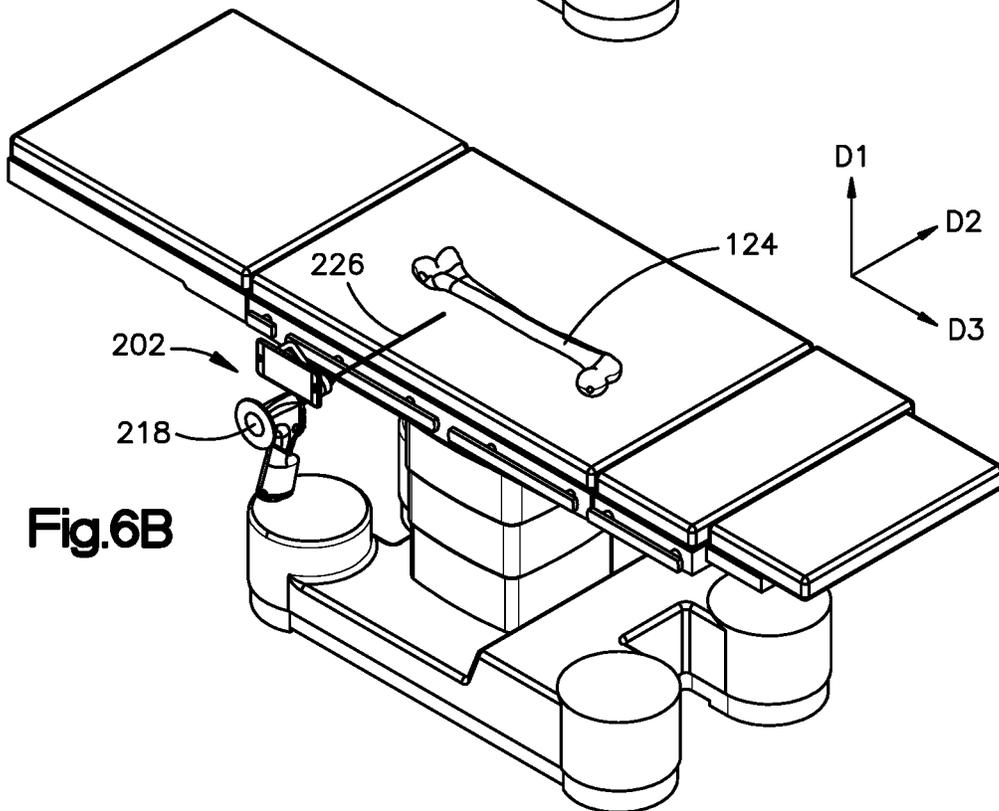


Fig.6B

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SURGICAL INSTRUMENT MOUNTED DISPLAY SYSTEM

CROSS-REFERENCE TO RELATED APPLICATIONS

This is a continuation of U.S. patent application Ser. No. 15/710,938 filed Sep. 21, 2017, the disclosure of which is hereby incorporated by reference as if set forth in its entirety herein.

TECHNICAL FIELD

The present invention relates to systems that can be used in conjunction with medical imaging.

BACKGROUND

A C-arm, or a mobile intensifier device, is one example of a medical imaging device that is based on X-ray technology. The name C-arm is derived from the C-shaped arm used to connect an X-ray source and an X-ray detector with one another. Various medical imaging devices, such as a C-arm device, can perform fluoroscopy, which is a type of medical imaging that shows a continuous X-ray image on a monitor. During a fluoroscopy procedure, the X-ray source or transmitter emits X-rays that penetrate a patient's body. The X-ray detector or image intensifier converts the X-rays that pass through the body into a visible image that is displayed on a monitor of the medical imaging device. Because medical imaging devices such as a C-arm device can display high-resolution X-ray images in real time, a physician can monitor progress at any time during an operation, and thus can take appropriate actions based on the displayed images. Monitoring the images, however, is often challenging during certain procedures, for instance during procedures in which attention must be paid to the patient's anatomy as well as the display of the medical imaging device. For example, aligning a drill bit to a distal locking hole can be difficult if a medical professional is required to maneuver the drill while viewing the display of the medical imaging device.

SUMMARY

In an example, a surgical instrument assembly includes a processor, a surgical instrument configured to operate on an anatomical structure, and a display coupled to the processor and attached to the surgical instrument. The display can be configured to display fluoroscopic data, for instance X-ray images or video data, of the anatomical structure. The fluoroscopic data is generated by an imaging device. The surgical instrument assembly can further include a memory in communication with the processor. The memory can have stored therein instructions that, upon execution by the processor, cause the surgical instrument assembly to receive in real-time, via a wireless communications channel for example, the fluoroscopic data from the imaging device. Further, the surgical instrument can include a proximal end and a working end opposite the proximal end. The working end can be configured to operate on the anatomical structure, and the display can be positioned so as to provide a line of sight to both the working end and the display from a location proximal of the surgical instrument. Further still, the display can be configured to provide a visual indication of an alignment of a cutting instrument of the surgical instrument

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with respect to a direction of X-ray travel from an X-ray transmitter of the imaging device to an X-ray receiver of the imaging device.

In another example, an accelerometer of a surgical instrument assembly is calibrated with a direction of X-ray travel from an X-ray generator to an X-ray receiver of a medical imaging device. The surgical instrument assembly can include a drill having a drill bit. The surgical instrument assembly can display an X-ray image of an anatomical structure generated by the medical imaging device. The X-ray image can include a target location. A tip of the drill bit can be positioned on the anatomical structure, and the surgical instrument assembly can display a representation of a position of the tip of the drill bit with the target location. The surgical instrument assembly can further display an orientation image that includes a static region and a movable indicator that is representative of an orientation of the drill bit, wherein the drill is oriented with the direction of X-ray travel when the movable indicator has a predetermined spatial relationship to the static region. A hole can be drilled in the anatomical structure while the tip of the drill bit is aligned with the target location, and the movable indicator has the predetermined spatial relationship to the static region.

The foregoing summarizes only a few aspects of the present disclosure and is not intended to be reflective of the full scope of the present disclosure. Additional features and advantages of the disclosure are set forth in the following description, may be apparent from the description, or may be learned by practicing the invention. Moreover, both the foregoing summary and following detailed description are exemplary and explanatory and are intended to provide further explanation of the disclosure.

BRIEF DESCRIPTION OF THE DRAWINGS

The foregoing summary, as well as the following detailed description of example embodiments of the present disclosure, will be better understood when read in conjunction with the appended drawings. For the purposes of illustrating the example embodiments of the present disclosure, references to the drawings are made. It should be understood, however, that the application is not limited to the precise arrangements and instrumentalities shown. In the drawings:

FIG. 1 depicts an example imaging system in accordance with an example embodiment, wherein the example imaging system includes an imaging device in electrical communication with a surgical instrument assembly.

FIGS. 2A and 2B are perspectives view of the example surgical instrument assembly depicted in FIG. 1, which includes a display attached to a surgical instrument.

FIG. 2C is a rear elevation view of the example surgical instrument assembly.

FIG. 2D is a side elevation view of the example surgical instrument assembly.

FIG. 3 is a block diagram of example computing devices for use in the imaging system shown in FIG. 1.

FIG. 4A depicts an example X-ray image of an anatomical structure that can be displayed by the surgical instrument assembly depicted in FIGS. 2A-D, wherein the X-ray image includes a target location.

FIG. 4B depicts another example X-ray image of the anatomical structure, showing a position of a cutting instrument of the surgical instrument assembly relative to the target location of the anatomical structure.

FIG. 4C depicts another example X-ray image of the anatomical structure, wherein a tip of the cutting instrument is positioned over the target location.

FIG. 5A is an example screen shot of the display of the surgical instrument assembly, showing a visual indication of an alignment of the cutting instrument with respect to a direction of X-ray travel from an X-ray transmitter to an X-ray receiver of the imaging device, wherein the cutting instrument is out of alignment with respect to a first direction.

FIG. 5B is another example screen shot of the display of the surgical instrument assembly, showing the visual indication of the alignment of the cutting instrument with respect to the direction of X-ray travel, wherein the cutting instrument is out of alignment with respect to a second direction that is substantially perpendicular to the first direction.

FIG. 5C is another example screen shot of the display of the surgical instrument assembly, showing the visual indication of the alignment of the cutting instrument with respect to the direction of X-ray travel, wherein the cutting instrument is aligned with the direction of X-ray travel such that the cutting instrument and the direction of X-ray travel have the same orientation.

FIG. 6A depicts the example imaging system shown in FIG. 1, showing an example anatomical structure and an example orientation of the surgical instrument assembly.

FIG. 6B depicts another example orientation of the surgical instrument assembly in the imaging system shown in FIG. 6A.

DETAILED DESCRIPTION

A medical professional can use a medical imaging device, for instance a C-arm device, to perform various medical procedures on a patient. For example, medical professionals can use imaging devices to assess bone fractures, guide surgical procedures, or verify results of surgical repairs. C-arm devices, for example, provide spot imaging and fluoroscopic imaging, which allows the generation of continuous real-time moving images. Such images are provided to a display of the C-arm device. It is recognized herein that, in some cases, the display of the C-arm system is not positioned in a manner that adequately assists a medical professional. In various embodiments described herein, images provided by imaging devices are transmitted in real-time to a display that can be mounted to a surgical instrument, such that fluoroscopic imaging provided by the imaging device can be viewed by a medical professional as the medical professional operates and views a working end of the surgical instrument. The display can receive the images in real-time, such that the images are displayed by the display at the same time that the images are generated by the imaging device. In one example, the display is mounted to a surgical drill, such that fluoroscopic images provided by the imaging device can be viewed during an intramedullary (IM) nailing procedure. In an embodiment, an alignment application can also be rendered by the display mounted to the surgical drill, so as to guide the medical professional during the IM nailing procedure.

As an initial matter, because fluoroscopy is a type of medical imaging that shows a continuous X-ray image on a monitor, the terms fluoroscopic data, fluoroscopic image, video data, and X-ray image may be used interchangeably herein, without limitation, unless otherwise specified. Thus, an X-ray image may refer to an image generated during a fluoroscopic procedure in which an X-ray beam is passed

through the anatomy of a patient. Further, it will be understood that fluoroscopic data can include an X-ray image, video data, or computer-generated visual representations. Thus, fluoroscopic data can include still images or moving images.

Referring to FIG. 1, a medical imaging system 102 can include a medical imaging device 104 and a surgical instrument assembly 202 in electrical communication with the imaging device 104. The medical imaging device 104, which can be a C-arm device, can include an X-ray generator or transmitter 106 configured to transmit X-rays through a body (e.g., bone) and an X-ray detector or receiver 108 configured to receive the X-rays from the X-ray transmitter 106. Thus, the medical imaging device 104 can define a direction of X-ray travel 128 from the X-ray transmitter 106 to the X-ray receiver 108. The X-ray transmitter 106 can define a flat surface 106a that faces the X-ray receiver 108. The medical imaging device 104 can further include an arm 110 that physically connects the X-ray transmitter 106 with the X-ray receiver 108. The medical imaging device 104 can further be in communication with a medical imaging device display 112 that is configured to display X-ray images from the X-ray detector 108. In some cases, the medical imaging device display 112 can be hard-wired with the X-ray detector 108, such that the display 112 can be in a fixed position relative to the arm 110.

The medical imaging device 104 is presented as a C-arm device to facilitate description of the disclosed subject matter, and is not intended to limit the scope of this disclosure. Further, the imaging system 102 and the imaging device 104 are presented as a medical imaging system and a medical imaging device, respectively, to facilitate description of the disclosed subject matter, and are not intended to limit the scope of this disclosure. Thus, it will be appreciated that other devices, systems, and configurations may be used to implement the embodiments disclosed herein in addition to, or instead of, a system such as the system 102, and all such embodiments are contemplated as within the scope of the present disclosure. It is recognized herein that the position of the display 112 can create problems for a medical professional. For example, in some cases, the medical professional may need to view images or data rendered by the display 112 while viewing a patient positioned between the X-ray generator 106 and the X-ray detector 108. In an example, a medical professional may face challenges placing distal locking screws during an IM nailing procedure due to insufficient assistive instruments or guidance systems, such as an aiming Arm used in placement of proximal screws. Distal screws are commonly inserted in a freehand technique under fluoroscopic guidance. The freehand technique is commonly referred to as the perfect circle technique. For example, once a perfect circle is established during an IM nailing procedure, it may be difficult to properly align a drill bit to the axis of the distal locking hole due to lack of visibility while using radiographic images. Improper alignment can lead to breaching or cracking of an implant during the drilling of a pilot hole, which can result in implant breakage, poor reduction/fixation, delay of surgery, or the like. It is further recognized herein that an orientation of an X-ray image rendered by the display 112 might not match the orientation of the patient's anatomy, thereby creating further challenges for a medical professional. In various examples described herein, a surgical instrument assembly can be configured so as to guide and help a medical professional during various operations, such as an IM nailing procedure.

Referring now to FIG. 3, in one embodiment, data (e.g., video or still images) provided by the medical imaging device 104 can be received by an instrument application, for instance a fluoroscopic mirror application, which can be a program, such as a software or hardware or combination of both, that can be run on any suitable computing device. A user can use the instrument application to view images generated by the medical imaging device 104. The instrument application can receive and display fluoroscopic images at various locations, for instance at a location that is aligned with the view of a patient.

Referring to FIGS. 2 and 3, any suitable computing device 204 can be configured to host the instrument application. It will be understood that the computing device 204 can include any appropriate device, examples of which include a portable computing device, such as a laptop, tablet, or smart phone. In another example, the computing device 204 can be internal to the surgical instrument 203.

In an example configuration, the computing device 204 includes a processing portion or unit 206, a power supply 208, an input portion 210, a display 212, a memory portion 214, a user interface portion 216, and an accelerometer 215. It is emphasized that the block diagram depiction of computing device 204 is an example and not intended to imply a specific implementation and/or configuration. The processing portion 206, input portion 210, display 212, memory 214, user interface 216, and accelerometer 215 can be coupled together to allow communications therebetween. The accelerometer 215 can be configured to generate accelerometer information that corresponds to an orientation of the computing device 204. As should be appreciated, any of the above components may be distributed across one or more separate devices and/or locations.

In various embodiments, the input portion 210 includes a receiver of the computing device 204, a transmitter of the computing device 204, or a combination thereof. The input portion 210 is capable of receiving information, for instance fluoroscopic data in real-time, from the medical imaging device 104. As should be appreciated, transmit and receive functionality may also be provided by one or more devices external to the computing device 204, and thus the surgical instrument assembly 202.

Depending upon the exact configuration and type of processor, the memory portion 214 can be volatile (such as some types of RAM), non-volatile (such as ROM, flash memory, etc.), or a combination thereof. The computing device 204 can include additional storage (e.g., removable storage and/or non-removable storage) including, but not limited to, tape, flash memory, smart cards, CD-ROM, digital versatile disks (DVD) or other optical storage, magnetic cassettes, magnetic tape, magnetic disk storage or other magnetic storage devices, universal serial bus (USB) compatible memory, or any other medium which can be used to store information and which can be accessed by the computing device 204.

The computing device 204 also can contain the user interface portion 216 allowing a user to communicate with the computing device 204. The user interface 216 can include inputs that provide the ability to control the computing device 204, via, for example, buttons, soft keys, a mouse, voice actuated controls, a touch screen, movement of the computing device 204, visual cues (e.g., moving a hand in front of a camera on the computing device 204), or the like. The user interface portion 216 can provide outputs, including visual information (e.g., via a display), audio information (e.g., via speaker), mechanically (e.g., via a vibrating mechanism), or a combination thereof. In various

configurations, the user interface portion 216 can include a display, a touch screen, a keyboard, a mouse, an accelerometer, a motion detector, a speaker, a microphone, a camera, a tilt sensor, or any combination thereof. The user interface portion 216 can further include any suitable device for inputting biometric information, such as, for example, fingerprint information, retinal information, voice information, and/or facial characteristic information. Thus, a computer system such as the computing device 204 can include a processor, a display coupled to the processor, and a memory in communication with the processor. The memory can have stored therein instructions that, upon execution by the processor, cause the computer system to perform operations, such as the operations described herein. The display 212 can be configured to display visual information, such as described with reference to FIGS. 4A-C and FIGS. 5A-C.

Referring to FIGS. 1 and 3, a transmitter unit 114 can be electrically coupled to, or can be part of, the medical imaging device 104. The transmitter unit 114 can be any suitable computing device configured to receive and send images, for instance video signals including fluoroscopic images. It will be understood that the transmitter unit 114 can include any appropriate device, examples of which include a portable computing device, such as a laptop, tablet, or smart phone.

Referring in particular to FIG. 3, in an example configuration, the transmitter unit 114 can include a processing portion or unit 116, a power supply 118, an input portion 120, and an output portion 122. It is emphasized that the block diagram depiction of transmitter unit 114 is an example and not intended to imply a specific implementation and/or configuration. The processing portion 116, input portion 120, and output portion 122 can be coupled together to allow communications therebetween. As should be appreciated, any of the above components may be distributed across one or more separate devices and/or locations.

In various embodiments, the input portion 120 includes a receiver of the transmitter unit 114, and the output portion 122 includes a transmitter of the transmitter unit 114. The input portion 120 is capable of receiving information, for instance fluoroscopic images or video data, from the medical imaging device 104, in particular an output interface 105 of the medical imaging device 104. The output interface 105 can include a coaxial output, a usb output, a component output, a wireless output, or the like. As should be appreciated, transmit and receive functionality may also be provided by the medical imaging device 104. In an example, the transmitter unit 114 is electrically coupled to the output interface 105 of the medical imaging device 104, so as to establish a wired or wireless electrical connection between the transmitter unit 114 and the display 112. The output interface 105 can include or more video output connectors using the matching input module. In an example, the processing portion 116, which can include or more processors running on an embedded operating system, can detect the presence of a signal, for instance a video signal including fluoroscopic images, from the medical imaging device 104. The processing portion 116 can process the signal as necessary for transmitting to the surgical instrument assembly 202. For example, the processing portion 116 can compress the signal so as to reduce the bandwidth that is used for transmitting the signal.

After the processing portion 116 performs processing on the video signal, as necessary, the video signal that can include fluoroscopic images can be sent by the output portion 122 of the transmitter unit 114 to the input portion 210 of the computing device 204. The output portion 122 of

the transmitter unit **114** can be configured to transmit fluoroscopic images in accordance with any communication protocol as desired. For example, the output portion **122** can include a ZigBee module connected to the processing portion **206** via a universal serial bus (USB), such that the output portion **122** can send data wirelessly (via a wireless communications channel) in accordance with any ZigBee protocol. The output portion **122** can send video signals, for instance fluoroscopic images, over Wi-Fi, Bluetooth, broadcast, or any other wireless communication channels as desired.

Accordingly, the input portion **210** of the device **204** can receive video signals in real-time, for instance fluoroscopic images, which are sent via a wireless communication channel from the medical imaging device **104**. The input portion **210** can be configured to receive ZigBee messages, Wi-Fi messages, Bluetooth messages, broadcast messages, or messages formatted in accordance with any wireless protocol as desired. In an example, when the input portion **210** of the device **204** receives the fluoroscopic images from the medical imaging device **104**, the images can be retrieved and verified by the processing portion **206** of the computing device **204**. For example, the processing portion **206** can verify that the received images are from the appropriate medical imaging device. The images can be forwarded to the display **212**, for example, when the images are verified. The processing portion **206** can also ensure that valid data is displayed. For example, if there is an interruption to the wireless communication channel or connection between the computing device **204** and the medical imaging device **104**, the processing portion **206** can identify the interruption, and send a message to the display **212** so that the interruption is conveyed to a medical professional who views the display **212**. In some cases, the processor **206** can cause the surgical instrument assembly **202** to display an indication of error on the display **212** when a quality of the communication link between the imaging device **104** and the surgical instrument assembly **202** is below a predetermined threshold. Thus, a wireless point-to-point communication channel or connection between the transmitter unit **114** and the computing device **204** can be established, and the wireless point-to-point connection can be managed by the input portion **210** and the output portion **122** on the physical layer, and the processing portions **116** and **206** at the application layer.

Referring now to FIGS. 2A-D, the medical imaging system **102** can include the surgical instrument assembly **202** that can include the computing device **204** mounted to a surgical instrument **203**. The surgical instrument **203** can be configured to operate on an anatomical structure, such as an anatomical structure **124**. The surgical instrument **203** can define a body **205**, and the computing device can be attached anywhere to the body **205** as desired. In an example, the computing device **204**, and thus the display **212**, can be supported by a mount **228**. The mount **228** can include a support surface **230** that supports the computing device **204**, and thus the display **212**. The mount **228** can further include an arm **232** attached to the support surface **230** and the body **205** of the surgical instrument **203**, such that the display **212** is in a fixed position relative to the body **205** of the surgical instrument **203**. The arm **232** or the support surface **230** can be configured to rotate, so as to adjust the viewing angle of the display **212**. The mount **228** can be positioned such that the display does not interfere with the operation of the surgical instrument **203**. It will be understood that the computing device **204** can be alternatively mounted to the surgical instrument **205** as desired. It will also be understood that the computing device **204** can

alternatively be monolithic to the surgical instrument **203**. Further, though the surgical instrument **203** is depicted as a surgical drill for purposes of example, it will be appreciated that the computing device **204** can be mounted to, or can be monolithic with, numerous suitable alternative equipment or instruments. For example, the surgical instrument assembly **202** can include an instrument or equipment configured to target an area of bone or other part of the anatomy, remove a medical implant, perform an osteotomy, or any other procedure, for instance any other procedure using fluoroscopy, as desired. Thus, although the anatomical structure **124** is presented as a bone, it will be understood that structures on which the surgical instrument assembly can be configured to operate are not limited to bones.

The computing device **204**, and thus the surgical instrument assembly **202**, can include the display **212** that can be attached to the surgical instrument. The display **212** can be configured to display fluoroscopic images of the anatomical structure **124** that are generated by the imaging device **104**. In an example configuration, the display **212** can display fluoroscopic images of the anatomical structure **124** in real-time, such that the images of the anatomical structure **124** are displayed by the display **212** at the same time that the images are generated by the imaging device **104**. In some cases, the display **212**, and thus the surgical instrument assembly **202**, can include a plurality of displays, for instance a first display **212a** and a second display **212b** that has a different orientation as compared to an orientation of the first display **212a**. In another example configuration, the display **212**, and thus the surgical instrument assembly **202**, includes only one display.

With continuing reference to FIGS. 2A-D, the surgical instrument **203** can define a proximal end **203b** and a working end **203a** opposite the proximal end **203b**. The working end **203a** can be configured to operate on, for instance cut, drill, or otherwise target, a structure, for instance the anatomical structure **124**, of a medical patient. The display **212**, in particular the first display **212a** and the second display **212b**, can be positioned so as to provide a line of sight to both the working end **203a** and the display **212** from a location proximate of the surgical instrument **203**. Thus, in some cases, for example, a medical professional can, while operating the surgical instrument **203**, view both the display **212** and the working end **203a** of the surgical instrument **203**.

In an example, the surgical instrument **203** includes a cutting instrument **226** that includes a proximal end **226b** adjacent to the body **205** of the surgical instrument **203**, and a cutting tip **226a** opposite the proximal end **226b** of the cutting instrument **226**. The cutting tip **226a** can define a terminal end of the cutting instrument that is opposite to the proximal end **226b** of the cutting instrument **226**. The cutting instrument **226** can have the cutting tip **226a** that can be configured to remove anatomical material from an anatomical structure, for instance the anatomical structure **124**. In the illustrated example, the cutting instrument **226** is a drill bit, and the cutting tip **226a** is a tip of the drill bit, though it be appreciated that other instruments and configurations may be used to implement the embodiments disclosed herein in addition to, or instead of, an instrument such as the cutting instrument **226**, and all such embodiments are contemplated as within the scope of the present disclosure.

The surgical instrument assembly **202** can include an alignment tool **218**, for instance an axis alignment tool, mounted to the body **205** of the surgical instrument **203**. It will be understood that the alignment tool **218** can alternatively be monolithic to the surgical instrument **203**. The

alignment tool **218** can be rigidly attached to the body **205** of the surgical instrument **203**. In an example, the cutting instrument **226** is located at the working end **203a** of the surgical instrument **203**, and the alignment tool **218** is located at the proximal end **203b** of the surgical instrument, though it will be understood that that the alignment tool **218** can be alternatively located as desired. The alignment tool **218** can define a first surface **218a** proximate to the surgical instrument **203** and a second surface **218b** opposite the first surface **218a**. The second surface **218b** can define a flat surface, and thus the alignment tool **218** can define a flat surface. Thus, the second surface **218b** of the alignment tool **218** can define a plane. The cutting instrument **226** (e.g., drill bit) can be oriented perpendicularly to the plane defined by the second surface **218b** of the alignment tool **218**. In an example, the alignment tool **218** includes a pin that is oriented perpendicularly to the plane defined by the second surface **218b** of the alignment tool. The pin can be configured to be received by a hole defined by the proximal end **203b** of the surgical instrument **203**. The hole defined by the proximal end **203b** of the surgical instrument **203** can have a parallel orientation with the cutting instrument **226**, such that, when the pin of the alignment tool **218** is received by the hole defined by the proximal end **203b** of the alignment tool **218**, the second surface **218b** of the alignment tool defines the plane that is perpendicular to the orientation of the cutting instrument **226**.

Referring also to FIGS. 4A-C, fluoroscopic images of the anatomical structure **124** can include one or more target locations **126**. The target locations **126** can represent locations on the anatomical structure **124** that the surgical instrument **203** can drill, cut, or otherwise target. In accordance with the illustrated example, the target locations **126** can be defined by an implant **125**, for instance an IM nail or rod, in a bone. It will be understood that an example operation performed by the surgical instrument assembly is presented as an IM nailing operation to facilitate description of the disclosed subject matter, and the example IM operation is not intended to limit the scope of this disclosure. Thus, it will be appreciated that the surgical instrument assembly **202** may be used to perform other operations in addition to, or instead of, an operation such as the example IM nailing operation, and all such embodiments are contemplated as within the scope of the present disclosure.

The display **212** can display fluoroscopic images associated with IM nailing operations, among others. The display **212** can be configured to display fluoroscopic images, for instance example fluoroscopic images **400a-c** of the anatomical structure **124**, generated by, and received from, the medical imaging device **104**. Referring in particular to FIG. 4A, the display **212**, for instance the first display **212a**, can display the example fluoroscopic image **400a**, of the implant **125** in the anatomical structure **124**. The implant **125** can define one or more target locations **126** at which material can be removed from the anatomical structure **124**. In an example IM nailing operation, by viewing the display **212** that displays fluoroscopic images from the imaging device **104**, a medical professional can maneuver the patient or the imaging device **104** while viewing the patient and display **212** simultaneously, until the target locations **126** define perfect circles, as illustrated in FIG. 4A. In the IM nailing example, when the one or more target locations **126** define perfect circles, holes can be drilled at the target locations **126** for locking screws.

Referring now to FIG. 4B, the display **212** can display the example fluoroscopic image **400b**. Thus, the display **212** can be configured to display a position of the cutting tip **226a** of

the cutting instrument **226** relative to the target location **126** on the fluoroscopic images of the anatomical structure **124**. The fluoroscopic image **400b** can depict, for example, the position of the cutting tip **226a** that is shown in FIG. 6B. The cutting tip **226a** can be configured to remove anatomical material from the one or more target locations **126** of the anatomical structure **124**. Further, as shown in FIG. 4C, the tip **226a** of the cutting instrument **226** (e.g., drill bit) can be positioned on the anatomical structure **124**, for instance at the center of the target location **126**. The display **212** can be positioned so as to provide a line of sight to both the tip **226a** and the display **212** from a location proximate of the surgical instrument **203**, such that a medical professional can view both the fluoroscopic images **400b** and **400c**, and thus the tip **226a**, and the anatomical structure **124**, so as to center the tip **226a** at the target location **126**. The display **212** of the surgical instrument **203** can mirror the display **112** of the medical imaging device **104**, such that the display **212** of the surgical instrument assembly **202** can render the same images that the display **112** of the imaging device **104** renders at the same time, so as to display images in real-time.

In some cases, for instance based on a user selection via the user interface **216**, the surgical instrument assembly **202** can rotate the displayed fluoroscopic images on the display **212** to a rotated orientation such that a vertical or horizontal direction on the display **212** corresponds with a vertical or horizontal direction, respectively, of movement of the surgical instrument **203** relative to the anatomical structure **124**. Thus, in some cases, the fluoroscopic images in the rotated orientation that are displayed by the display **212** can be rotated as compared to the fluoroscopic images displayed on the medical imaging device display **112** that is separate from the display **212** that is coupled to the surgical instrument **203**.

Referring now to FIGS. 5A-C, the display **212** can also be configured to provide a visual indication, for instance an orientation image **129**, of an alignment of the cutting tip **226a** with respect to the direction of X-ray travel **128** from the X-ray transmitter **106** to the X-ray receiver **108**. In an example, the display **212** includes the first display **212a** and the second display **212b**, and the first display **212a** is configured to display fluoroscopic images (e.g., fluoroscopic images **400a-c**) from the imaging device **104**, and the second display **212b** is configured to display orientation screens (e.g., orientation screens **500a-c**) that include a visual indication of an orientation of the cutting instrument **226**. It will be understood that the first display **212a** can also, or alternatively, display orientation screens, and the second display **212b** can also, or alternatively, display fluoroscopic images. Further, the display **212** can, in some cases, include only one display, which can display both fluoroscopic images and orientation screens. In an example, a user can select an option via the user interface **216** to select which of the fluoroscopic images or orientation screens are displayed by the display **212**. In another example, the display **212** can be separated, for instance split in half, such that both the fluoroscopic images and the orientation screens can be displayed by the display **212** at the same time.

The visual indication of alignment, for instance the orientation image **129**, can be based on the direction of X-ray travel **128**, and can further be based on accelerometer information that corresponds to an orientation of the cutting instrument **226**. For example, the accelerometer **215** of the surgical instrument assembly **202** can be calibrated with the direction of X-ray travel **128** travel from the X-ray generator **106** to the X-ray receiver **108** of the medical imaging device

104. In an example calibration, the alignment tool 218 that is attached to the surgical instrument 203 is configured to register with a surface of the medical imaging device 104 that has a predetermined orientation so as to align the cutting instrument 226 (e.g., drill bit) with the direction of X-ray travel 128. In one example, the alignment tool 218 is configured to register with the flat surface 106a of the X-ray transmitter, though it will be understood that the alignment tool 218 can be configured to register with other surfaces of the medical imaging device 104 as desired. In particular, the second surface 218b of the alignment tool 218 can be a flat surface that can abut the flat surface 106a of the medical imaging device 104 when the cutting instrument 226 is aligned with the direction of X-ray travel 128. Continuing with the example, a zero value can be set when the surface 218b of the alignment tool 218 abuts the flat surface 106a of the X-ray generator 106, so as to calibrate the accelerometer 215 with the medical imaging device 104, in particular the direction of X-ray beams generated by the medical imaging device 104. In one example, to set the zero value, thereby calibrating the accelerometer 215 with the direction of X-ray travel 128, a user can actuate a calibration option 134 on the display 212 when the surface 218b of the alignment tool is flat against the flat surface 106a of the X-ray generator 106, such that the zero value is set when the cutting instrument 226 is oriented along the direction of X-ray travel 128.

In another example, a calibration instrument can be part of, or attached to, the medical imaging device 104. When the medical imaging device 104, and in particular the direction of X-ray travel 128, is oriented in the desired position to perform an operation, the calibration instrument of the medical imaging device can identify a zero value relative to gravity, such that the zero value corresponds to the desired direction of X-ray travel 128. The calibration instrument 128 of the medical imaging device 104 can send the zero value relative to gravity to the accelerometer 215. The accelerometer 215 can set its zero value relative to gravity to the zero value that it receives from the calibration instrument of the medical imaging device 104, thereby calibrating the accelerometer 215 with the direction of X-ray travel 128. Thus, the accelerometer 215 can indicate the zero value when the cutting instrument 226 is oriented along the direction of X-ray travel 128.

In an example, the accelerometer 215 corresponds to an orientation of the display 212. Thus, in some cases, when the orientation of the display 212 with respect to the cutting instrument 226 is adjusted, the zero value is re-set to re-calibrate the accelerometer 215 with the direction of X-ray travel 128. In some examples, the display 212 has one or more preconfigured orientations (e.g., 90 degrees, 75 degrees, etc.) with respect to the cutting instrument 226. Thus, in some cases, after calibration at a first preconfigured orientation, the display 212 can be moved to a second preconfigured orientation. In an example, the user can select, using the user interface 216, the preconfigured orientation at which the display 212 is positioned. The accelerometer 215 can receive the second preconfigured orientation, and adjust the zero value accordingly, such that the display 212 is adjusted without the accelerometer being re-calibrated. In yet another example, the medical imaging device 104 includes an accelerometer that can identify a change in orientation of the direction of X-ray travel. In this example, the accelerometer of the medical imaging device can send the change in orientation of the direction of X-ray travel to the surgical instrument assembly 202, such that the zero value can be re-set without re-calibrating the accelerometer

215. Thus, the zero value can be adjusted in accordance with a change in the orientation of the X-ray generator 106 and X-ray receiver 108.

When the accelerometer 215 of the surgical instrument assembly 202 is calibrated with the direction of X-ray travel, for example, the accelerometer can generate accelerometer information that indicates an orientation of the cutting instrument 226 relative to the direction of X-ray travel 128. The accelerometer information can be displayed by the display 212 in various orientation screens, for instance orientation screens 500a-c, which can include the orientation image 129. By way of an IM nailing example, by viewing the orientation image 129 while using the surgical instrument assembly 202, the cutting instrument 226 can be maintained at the proper orientation while drilling. That is, holes can be drilled at the target locations 126 that define perfect circles.

For example, referring to FIGS. 5A-5C, the orientation screens 500a-c can include the orientation image 129 that can include a static region 130 and a movable indicator 132. The movable indicator 132 can be representative of the orientation of the cutting instrument 226. In an example, the cutting instrument 226 is oriented with the direction of X-ray travel 128 when the movable indicator 132 has a predetermined spatial relationship to the static region 130. In an example, a hole is drilled in the anatomical structure 124 while the tip 226a of the cutting instrument 226 (e.g., drill bit) is aligned with the target location 126, and the movable indicator 132 has the predetermined spatial relationship to the static region 130. It will be understood that the predetermined spatial relationship can vary as desired. In some cases, for example, the cutting instrument 226 is oriented with the direction of X-ray travel 128 when the movable indicator 132 overlies the static region 130. In some cases, as shown in FIG. 5C, the cutting instrument 226 is oriented with the direction of X-ray travel 128 when the movable indicator 132 is within a boundary defined by the static region 130.

Thus, in operation, the display 212 can receive and display a plurality of X-ray images in real-time, and the display 212 can display the orientation image 129 as the surgical instrument 203 is operated. In an example, referring to FIG. 6A, the surgical instrument 203 can be operated along a first direction D1 that is parallel to the direction of X-ray travel 128, so as to drill hole along the first direction D1. During drilling, for example, as the orientation of the cutting instrument 226 moves away from the zero value, the movable indicator 132 can move away from the static region 130. The movable indicator 132 can move relative to the static region 130 at the same time that the orientation of the cutting instrument 226 moves relative to the zero value, such that the movable indicator 132 provides a real-time representation of the orientation of the cutting instrument 226. For example, as the proximal end 226b of the cutting instrument 226 moves along a second direction D2 relative to the cutting tip 226a of the cutting instrument 226, the movable indicator 132 can move along the second direction D2 (e.g., see FIG. 5A). The second direction D2 can be perpendicular to the first direction D1. Similarly, as the proximal end 226b of the cutting instrument 226 moves along a third direction D3 relative to the cutting tip 226a of the cutting instrument 226, the movable indicator 132 can move along the third direction D3 (e.g., see FIG. 5B). The third direction D3 can be perpendicular to both the first and second directions D1 and D2, respectively. Further, it will be understood that as the proximal end 226b of the cutting instrument 226 moves along both the second and third

directions relative to the cutting tip **226a** of the cutting instrument **226**, the movable indicator **132** can move along both the second and third directions **D3**. Further, the orientation screens **500a-c** can include a numerical representation **136** of the orientation of the cutting instrument **226** along the second and third directions **D2** and **D3**.

Referring in particular to FIG. **5C**, when the cutting instrument **226** is oriented in accordance with the zero value, the movable indicator **132** can be positioned within a boundary defined by the static region **130**. Further, in some cases, when the cutting instrument **226** is precisely aligned with the direction of X-ray travel **128**, the numerical representation **136** may indicate that zero values associated with both the second and third directions. By way of an IM nailing example, a medical professional can maintain the orientation image **129** illustrated in FIG. **5C** while drilling, so as to drill holes having the appropriate orientation at the target locations **126**.

While example embodiments of devices for executing the disclosed techniques are described herein, the underlying concepts can be applied to any computing device, processor, or system capable of communicating and presenting information as described herein. The various techniques described herein can be implemented in connection with hardware or software or, where appropriate, with a combination of both. Thus, the methods and apparatuses described herein can be implemented, or certain aspects or portions thereof, can take the form of program code (i.e., instructions) embodied in tangible non-transitory storage media, such as floppy diskettes, CD-ROMs, hard drives, or any other machine-readable storage medium (computer-readable storage medium), wherein, when the program code is loaded into and executed by a machine, such as a computer, the machine becomes an apparatus for performing the techniques described herein. In the case of program code execution on programmable computers, the computing device will generally include a processor, a storage medium readable by the processor (including volatile and non-volatile memory and/or storage elements), at least one input device, and at least one output device, for instance a display. The display can be configured to display visual information. For instance, the displayed visual information can include fluoroscopic data such as X-ray images, fluoroscopic images, orientation screens, or computer-generated visual representations.

The program(s) can be implemented in assembly or machine language, if desired. The language can be a compiled or interpreted language, and combined with hardware implementations.

The techniques described herein also can be practiced via communications embodied in the form of program code that is transmitted over some transmission medium, such as over electrical wiring or cabling, through fiber optics, or via any other form of transmission. When implemented on a general-purpose processor, the program code combines with the processor to provide a unique apparatus that operates to invoke the functionality described herein. Additionally, any storage techniques used in connection with the techniques described herein can invariably be a combination of hardware and software.

While the techniques described herein can be implemented and have been described in connection with the various embodiments of the various figures, it is to be understood that other similar embodiments can be used or modifications and additions can be made to the described embodiments without deviating therefrom. For example, it should be appreciated that the steps disclosed above can be

performed in the order set forth above, or in any other order as desired. Further, one skilled in the art will recognize that the techniques described in the present application may apply to any environment, whether wired or wireless, and may be applied to any number of such devices connected via a communications network and interacting across the network. Therefore, the techniques described herein should not be limited to any single embodiment, but rather should be construed in breadth and scope in accordance with the appended claims.

What is claimed:

1. A surgical instrument assembly comprising:

- a processor;
- a surgical instrument configured to operate on an anatomical structure, the surgical instrument including a cutting tip configured to remove anatomical material from a target location of the anatomical structure;
- a display coupled to the processor and attached to the surgical instrument, the display configured to display fluoroscopic data of the anatomical structure, the fluoroscopic data generated by an imaging device;
- an orientation sensor configured to generate real-time orientation information based on an orientation of the surgical instrument;
- a memory in communication with the processor, the memory having stored therein instructions that, upon execution by the processor, cause:
 - the surgical instrument assembly to receive the fluoroscopic data in real-time from the imaging device;
 - the display to display a position of the cutting tip relative to the target location on the fluoroscopic data of the anatomical structure;
 - generating a real-time visual indicator based on the real-time orientation information with respect to a direction of X-ray travel from an X-ray transmitter of the imaging device to an X-ray receiver of the imaging device, wherein the real-time visual indicator is generated as a predetermined visual indication as a result of the surgical instrument being aligned with the direction of X-ray travel; and
 - the display to display the real-time visual indicator, wherein the display displays the predetermined visual indication when the surgical instrument is aligned with the direction of X-ray travel from the X-ray transmitter to the X-ray receiver.

2. The surgical instrument assembly as recited in claim 1, wherein the surgical instrument comprises a proximal end and a working end opposite the proximal end, wherein the working end is configured to operate on the anatomical structure, and the display is positioned so as to provide a line of sight to both the working end and the display from a location proximal of the surgical instrument.

3. The surgical instrument assembly as recited in claim 1, the memory having further stored therein instructions that, upon execution by the processor, cause the surgical instrument assembly to display an indication of error on the display when a quality of a communication link between the imaging device and the surgical instrument assembly is below a predetermined threshold.

4. The surgical instrument assembly as recited in claim 1, wherein the direction of X-ray travel is a current direction of X-ray travel from the X-ray transmitter to the X-ray receiver.

5. The surgical instrument assembly as recited in claim 1, wherein the instructions, upon execution by the processor, cause the processor to generate the real-time visual indicator based on real-time orientation information of the imaging device that is representative of the direction of X-ray travel

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that is based on an orientation of the imaging device, cause the processor to generate the real-time visual indicator as the predetermined visual indication as a result of the surgical instrument being aligned with the direction of X-ray travel regardless of the orientation of the imaging device, and cause the display to provide the predetermined visual indication when the surgical instrument is aligned with the direction of X-ray travel regardless of the orientation of the imaging device.

6. The surgical instrument assembly as recited in claim 1, wherein the real-time visual indicator of the alignment of the surgical instrument is based on accelerator information from an accelerometer that corresponds to the orientation of the surgical instrument, wherein the accelerometer is calibrated to the direction of X-ray travel.

7. The surgical instrument assembly as recited in claim 6, wherein the surgical instrument assembly further comprises a computing device mounted to the surgical instrument, the computing device comprising the processor, display, memory, and the accelerometer configured to generate the accelerometer information, the accelerometer information further corresponding to an orientation of the computing device.

8. The surgical instrument assembly as recited in claim 1, the memory having further stored therein instructions that, upon execution by the processor, cause the surgical instrument assembly to rotate the displayed fluoroscopic data on the display to a rotated orientation based on a user selection, wherein as a result of the rotation of the displayed fluoroscopic data a vertical direction on the display corresponds with a vertical direction of movement of the surgical instrument relative to the anatomical structure.

9. The surgical instrument assembly as recited in claim 8, wherein the imaging device is further in communication with an imaging device display separate from the display that is coupled to the surgical instrument, and the fluoroscopic data in the rotated orientation are rotated as compared to fluoroscopic data displayed on the imaging device display.

10. The surgical instrument assembly as recited in claim 1, wherein the surgical instrument is a drill having a drill bit that includes the cutting tip, and the surgical instrument assembly further comprises an alignment tool that is attached to the surgical instrument and is configured to register with a surface of the imaging device that has a predetermined orientation so as to align the drill bit with a direction of X-ray travel from an X-ray transmitter of the imaging device to an X-ray receiver of the imaging device.

11. The surgical instrument assembly as recited in claim 10, wherein the alignment tool defines a flat surface that is configured to abut the surface of the imaging device when the drill bit is aligned with the direction of X-ray travel, the surface of the imaging device is flat, and the flat surface defines a plane, wherein as a result of aligning the drill bit with the direction of X-ray travel the drill bit would be oriented perpendicularly to the plane.

12. A method comprising the steps of:

receiving, via a wireless communications channel, a plurality of fluoroscopic images generated by a medical imaging device that is configured to transmit X-rays in a direction of X-ray travel;

generating real-time orientation information with an orientation sensor based on an orientation of a cutting instrument of a surgical instrument;

displaying, by a display attached to the surgical instrument, the plurality of fluoroscopic images;

generating a static region and a movable indicator that are based on the real-time orientation information with

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respect to the direction of X-ray travel, wherein the movable indicator moves relative to the static region as the cutting instrument moves relative to the direction of X-ray travel, wherein a zero value represents an alignment of the orientation of the cutting instrument with the direction of X-ray travel, wherein as the orientation of the cutting instrument moves away from the zero value the movable indicator moves away from the static region, and as the orientation of the cutting instrument moves toward the zero value the movable indicator moves toward the static region;

displaying, by the display, an orientation image that includes the static region and the movable indicator that is representative of the orientation of the cutting instrument;

displaying, by the display, as the orientation of the cutting instrument moves away from the zero value, moving the movable indicator away from the static region; and displaying, by the display, the cutting instrument being oriented in accordance with the zero value by positioning the movable indicator within a predetermined boundary defined by the static region.

13. The method as recited in claim 12, further comprising the step of adjusting the zero value in accordance with a change in the orientation defined by an X-ray generator and an X-ray receiver of the medical imaging device.

14. The method of claim 12, wherein the direction of X-ray travel is a current direction of X-ray travel of the X-rays.

15. The method as recited in claim 12, further comprising a step of calibrating the cutting instrument to achieve the zero value.

16. The method of claim 15, wherein the calibrating step comprises abutting a first planar surface of the surgical instrument against a second planar surface of the medical imaging device, wherein as a result of the abutting the first planar surface and the second planar surface are coplanar and a longitudinal axis of the cutting instrument is aligned with the direction of X-ray travel.

17. The method of claim 12, wherein the first displaying step comprises displaying the fluoroscopic image including a bone, an intramedullary nail disposed in a medullary canal of the bone, and the cutting instrument, showing a relative position between the cutting instrument and a hole of the intramedullary nail.

18. The method of claim 17, wherein the surgical instrument is a drill having a drill bit, the method comprising the step of drilling into the bone toward the hole when 1) the drill bit is aligned with the hole on the fluoroscopic image and 2) the cutting instrument is oriented in accordance with the zero value.

19. A method comprising the steps of:

receiving, via a wireless communications channel, a plurality of fluoroscopic images generated by a medical imaging device that is configured to transmit X-rays in a direction of X-ray travel;

generating real-time orientation information with an orientation sensor based on an orientation of a cutting instrument of a surgical instrument;

displaying, by a display attached to the surgical instrument, the plurality of fluoroscopic images;

generating a static region and a movable indicator that are based on the real-time orientation information with respect to the direction of X-ray travel, wherein the movable indicator moves relative to the static region as the cutting instrument moves relative to the direction of X-ray travel, wherein a zero value represents an align-

ment of the orientation of the cutting instrument with the direction of X-ray travel, wherein as the orientation of the cutting instrument moves away from the zero value the movable indicator moves away from the static region, and as the orientation of the cutting instrument moves toward the zero value the movable indicator moves toward the static region;

displaying, by the display, an orientation image that includes the static region and the movable indicator that is representative of the orientation of the cutting instrument;

displaying, by the display, as the orientation of the cutting instrument moves away from the zero value, moving the movable indicator away from the static region; and displaying, by the display, the cutting instrument being oriented in accordance with the zero value by positioning the movable indicator within a boundary defined by the static region,

wherein the zero value represents an orientation defined by an X-ray generator of the medical imaging device that transmits the X-rays and an X-ray receiver of the medical imaging device, the method further comprising, adjusting the zero value in accordance with a change in the orientation defined by the X-ray generator and the X-ray receiver.

20. The method as recited in claim **19**, wherein the zero value represents an alignment of the orientation of the cutting instrument with a current direction of X-ray travel of X-rays generated by the X-ray generator and received by the X-ray receiver.

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